

# CLAIMS ONLY

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		A AFTER 1st AMENDMENT		B AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1				1		51						
2		1					52						
3		1					53						
4		1					54						
5		1					55						
6		5					56						
7		5					57						
8		1					58						
9		1					59						
10		1					60						
11		1					61						
12		1					62						
13	1				1		63						
14		1					64						
15		1					65						
16		2					66						
17	1				1		67						
18		1					68						
19	1						69						
20	1						70						
21	1						71						
22	1						72						
23	1						73						
24	1						74						
25					1		75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	9		9				TOTAL IND.						
TOTAL DEP.	24		24				TOTAL DEP.						
TOTAL CLAIMS	33		33				TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE	
							APPLICANT(S)		
<b>CLAIMS</b>									
	<del>AS FILED</del>		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	DEP.
1			1						
2				1					
3									
4				1					
5				1					
6			2	1					
7			2						
8				1					
9				1					
10				1					
11				1					
12				1					
13			1						
14				1					
15				1					
16				2					
17			1						
18				1					
19				2					
20				2					
21				2					
22				2					
23				2					
24				2					
25			1						
26				1					
27				2					
28				2					
29				2					
30				1					
31				1					
32				1					
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48									
49									
50									
TOTAL IND.			4						
TOTAL DEP.				39					
TOTAL CLAIMS				43					
51									
52									
53									
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